ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	71530	07-13-00
O.I.P.E. CLASSIFIER		d/3	7/17/00
FORMALITY REVIEW	CA	109916	8/31/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
– (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date
1		
2		
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
12	✓	✓
13	✓	✓
14	✓	✓
15	✓	
16	✓	
17	✓	
18	✓	
19	✓	
20	✓	
21	✓	
22	✓	
23	✓	
24	✓	
25	✓	
26	✓	✓
27	✓	✓
28	✓	✓
29	✓	✓
30		✓
31		✓
32		✓
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34		✓
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42		✓
43		✓
44		✓
45		✓
46		✓
47		✓
48		✓
49		✓
50		✓

Claim Final	Original	Date
51	✓	
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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